

AVON HEALTH CENTER

652 West Avon Road

Avon, CT 06001

APPLICATION FOR EMPLOYMENT*

***PLEASE WRITE &/OR PRINT CLEARLY ON ALL SECTIONS.**

Date: _____

Referred By: _____

It is the policy of this facility to fully comply with all Federal and State laws governing fraud and abuse in health care programs and to expect all employees, contractors and consultants to conduct themselves in an ethical and responsible manner.

Federal and State laws prohibit discrimination in employment. Applicants are considered for employment without regard to race, color, religion, age, sex, marital status, national origin, ancestry, physical or mental disability, sexual orientation, veteran's status, genetic predisposition or any other legally protected class.

Name _____

Address _____

Telephone #: Home _____

Cell _____

EMAIL* _____

Position applied for: 1. _____ 2. _____

Regular [] Temporary [] Per Diem [] Full-time [] Part-time []

Date you would be available _____ Salary desired _____

Other fields of occupation in which you might be interested: _____

Have you ever worked for this facility or West Hartford Health & Rehab Center previously? Yes [] No []

If yes, indicate where and when: _____

Have you ever applied here before? Yes [] No []

If yes, indicate for what position and when: _____

Are you employed at present? Yes [] No []

If employed at present, may we inquire of your present employer? Yes [] No []

If hired, will you be able to prove your ability to legally work in the United States? Yes [] No []

If hired, will you be able to perform all the essential functions of the job with or without reasonable accommodation? Yes [] No []

If applying for a position that requires a professional license or registration to perform the job,

Please complete the following:

Type _____ State _____ License # _____ Exp. Date _____

Do you have any other licenses pertaining to this position? Yes [] No []

If yes, please indicate _____

Has your license or registration ever been suspended? Yes [] No []

If yes, provide date and reason _____

Pathway: F Drive, Reception, HR, HR Employment Forms& FMLA, AHC Application for Employment

Rev. 7/2014

EDUCATION

Last Grammar or High School _____ Address _____
Dates attended _____ Did you graduate? Yes [] No [] If no, do you have a GED? _____

College _____ Address _____
Dates attended _____ Did you graduate? Yes [] No [] Type of Degree _____

Business, Technical,
Vocational School _____ Address _____
Dates attended _____ Did you graduate? Yes [] No [] Diploma or certificate _____

Do you have plans for future schooling? _____

EMPLOYMENT HISTORY

Begin with your most recent employer. Include all periods of military service. If you have no prior employment record, please list school and personal references in this section.

Name of Company _____ Address _____
Telephone Number _____ Immediate Supervisor's Name _____
Your Title _____ Dates of Employment _____ Salary _____ / Hr.
Reason for Leaving _____

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APPLICANT'S STATEMENT

- ❖ **I UNDERSTAND THAT ANY EMPLOYMENT OFFER WILL BE CONTINGENT UPON THE FACILITY'S RECEIPT OF SATISFACTORY REFERENCES, A SATISFACTORY PHYSICAL EXAMINATION, A CRIMINAL BACKGROUND CHECK AND TO MY SUBMITTING DOCUMENTARY PROOF OF MY IDENTITY AND ABILITY TO LEGALLY WORK IN THE UNITED STATES.**
- ❖ **I UNDERSTAND THAT IF EMPLOYED, I WILL BE AN "EMPLOYEE-AT-WILL", WHICH MEANS THAT BOTH THE COMPANY AND I CAN TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON CONSISTENT WITH APPLICABLE STATE AND FEDERAL LAW.**
- ❖ **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT.**
- ❖ **I UNDERSTAND THAT THE COMPANY MAY THOROUGHLY INVESTIGATE MY WORK AND PERSONAL HISTORY AND VERIFY ALL DATA GIVEN ON THIS APPLICATION, ON RELATED PAPERS, AND IN INTERVIEWS. I AUTHORIZE ALL INDIVIDUALS, SCHOOLS, AND EMPLOYERS NAMED THEREIN, EXCEPT MY CURRENT EMPLOYER IF SO NOTED, TO PROVIDE ANY INFORMATION REQUESTED ABOUT ME, AND I RELEASES ALL PARTIES INVOLVED FROM ANY AND ALL LIABILITY ARISING OUT OF THE RELEASE OF THIS INFORMATION.**
- ❖ **I CERTIFY THAT I AM UNDER NO CONTRACTUAL OBLIGATIONS THAT WOULD PRECLUDE ME FROM WORKING FOR THE FACILITY.**
- ❖ **I FURTHER CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND UNDERSTAND THAT ANY FALSIFICATION OR MATERIAL OMISSIONS MAY RESULT IN REFUSAL OF EMPLOYMENT, OR, IF HIRED, MAY RESULT IN TERMINATION OF EMPLOYMENT.**

Applicant's Signature

Applicant's Name (**Printed**)

Date

AVON HEALTH CENTER

652 West Avon Road Avon, CT 06001

Phone: (860) 673-2521 Fax: (860) 675-1587

Reference Request

(Applicant Please Fill out Top Portion Only)

Reference Name and Title _____

Name of Business _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: () _____ Fax: () _____

I hereby release from all liability, the company or person above, and authorize to release all information regarding my employment with him or her.

Applicant's Name (Printed)

Applicant's Signature

Date

The above named person has made application to: **AVON HEALTH CENTER** and is being considered for the position of _____. Please complete the applicable section below, and either mail or fax back to us. Your prompt attention is appreciated, as employment is pending. All information will be held in strict confidence. Thank you.

.....

EMPLOYMENT REFERENCE

Dates Employed _____ Position: _____

Quality of Work: _____ Dependability: _____

Absenteeism: _____ Interpersonal Skills: _____

Would you rehire? Yes [] No [] Additional Comments: _____

Signature and Title: _____ Date: _____

CHARACTER REFERENCE

How long have you known applicant? _____ Character: _____

Dependability: _____ Ability to get along with others: _____

Additional Comments: _____

Signature _____ Date: _____

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Reference Request

(Applicant Please Fill out Top Portion Only)

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Name of Business _____

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City _____ State _____ Zip Code _____

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Applicant's Signature

Date

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ONLY TO BE COMPLETED BY ADMINISTRATORS, ASSISTANT ADMINISTRATORS, NURSES AND NURSES AIDES APPLICANTS

CRIMINAL BACKGROUND HISTORY

A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Please note:

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-760, or 54-142a; criminal records subject to erasure pursuant to these statutes or records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and that any person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Avon Health Center, shall not deny employment, discharge or discriminate against an individual solely on the basis that he/she had a prior arrest, criminal charge or conviction, the records of which have been erased pursuant to the above named statutes.

- ❖ Have you ever been convicted of a felony? Yes [] No []
- ❖ Have you ever been convicted of cruelty to person? Yes [] No []
- ❖ Have you ever been convicted of assault on a victim age 60 or older? Yes [] No []
- ❖ Have you ever been subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or a foreign jurisdiction?
Yes [] No []

If you answered yes to any of the above questions, please provide a full explanation below.

Applicant's Signature

Applicant's Name (**Printed**)

Date